

Signature

# City of Delta

### 2015-2016 Little League Basketball

Players Name			Boy	or	Girl
Parents Name	en	nail			
(Please note: all regist	rations and	I notifications will I	be sent or	ut via e	mail)
Mailing address					·
City	Zip	Date of Birth			
Home Phone	Work Phone				
Emergency Contact: Na	ame:	Phone			E. S. M.
Health considerations					
	<u>Please</u>	Check			arty
I would be interested in	coaching				619.
I would be interested in	helping the	coach			
I would be intereste	ed in spons	oring a team for \$	150 or \$2	50 ask	for info.
Business name	_	preferred shirt color	<b>.</b>		
Contact person		phone#			

### Please circle one

#### T-Shirt Size: YS YM YL AS AM AL AXL

Check √G	irade	Deadline	Day & Dates	<b>Class Time</b>	<b>Class Code</b>	Fee
K-	-2	December 3	Sat. Jan 9-Feb 13	Sat. AM TBD	301301-T1	\$35
31	rd	November 8	Saturdays	TBA	301301-T2	\$40
41	th	November 8	Saturdays	TBA	301301-T2	\$40
51	th	November 8	Saturdays	TBA	301301-T3	\$40
61	th	November 8	Saturdays	TBA	301301-T4	\$40

## A late fee of \$15 will be added to any 3-6th grade registrations after Nov. 8

#### Return completed forms to Bill Heddles Checks payable: City of Delta

I, the below signed as an adult (or parent of), do herby release the City of Del	•
ers, agents, or employees from liability for any injuries or damages which may	result to my-
self (my child) as a result of the Participation in the City of Delta Recreation Pr	ogram. The
applicant agrees to save and hold harmless the City of Delta, it's officers, agen	its, or employ-
ees for any damages or personal injury which may result from activities occurri	ng on the
property of the City of Delta which is used in conjunction with the Delta Recrea	tion Program.
Further the participant understands that parent or guardian participation is a	
requirement of this recreation program and that all of the coaches are volun-	
teers.	

Date